MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-037940
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 472

FILED NOV 7 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0168
2 03472
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4 0
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11 100
12 3-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: CAPE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CAPE GIRARDEAU
Length of stay in 1b: 4 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: SOUTHEAST MISSOURI HOSP.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: GREENE
c. CITY OR TOWN: SPRINGFIELD — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1614 So. BROADWAY — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MICHAEL Middle William Last SCHULTZ

4. DATE OF DEATH: Month OCT. Day 23 Year 1962

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: JUNE 11 1944

9. AGE (last birthday): 18
IF UNDER 1 YEAR / IF UNDER 24 HR — Months 4 Days 12 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT

10b. KIND OF BUSINESS OR INDUSTRY: 1962-High School Grad.

11. BIRTHPLACE (City and state or country): CAPE GIRARDEAU

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: CHARLES SCHULTZ

13b. MOTHER'S MAIDEN NAME: BILLIE SPENCER

14. NAME OF HUSBAND OR WIFE: DOES NOT APPLY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of servic

16. SOCIAL SECURITY NO.: 3

17. INFORMANT — Address: MRS. BILLIE SCHULTZ - SPRINGFIELD, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): SEVERE CEREBRAL EDEMA — INTERVAL BETWEEN ONSET AND DEATH: 4 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): FRACTURE OF Left Hip, TRANSVERSE PROCESS L4

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): AUTO ACCIDENT

20c. TIME OF INJURY Hour p.m. Month, Day, Year: 10-19-62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 10-19-62 to 10-23-62 and last saw him alive on 10-23-62
Death occurred at 6:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Melvin C. Kaeter M.D.

22b. ADDRESS: 937 Broadway Cape Girardeau Mo.

22c. DATE SIGNED: 10-30-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: OCT. 26, 1962

23c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK CEMETERY

23d. LOCATION (City, town, or county) (State): CAPE GIRARDEAU, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO

25. DATE RECD. BY LOCAL REG.: 11-1-1962

26. REGISTRAR'S SIGNATURE: Irma Kaeter

(Licensed Embalmer's Statement on Reverse Side)

NOV 9 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.